

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Motor Vehicles Washington, DC 20001



EYE REPORT

LICENSE NUMBER:					_ DOB:			
APPLIC	ANT'S NAME:							
ADDRE	SS:							
V	VISION WITHOUT GLASSES				*VISION WITH GLASSES			
LEI BO	GHT EYE FT EYE VTH EYES vision improves to	20/ 20/ 20/ o meet the D.C. Depar	tment o	f Motor Veh	RIGHT EYE LEFT EYE BOTH EYES icles standards wit	20/ 20/	_	
not prescribed or recommended for driving, state reason FIELD OF VISION: To be measured in the horizontal meridian by confrontation or perimetry, both eyes open. TOTAL DEGREES: If applicant is under treatment for glaucoma and/or cataracts, please state treatment and any restrictions:								
Is there any limitation of field, ocular movement or ocular disease which would limit applicant's ability to drive an automobile safely? Yes No If "YES" explain								
If there is an indication that applicant's visual functions might deteriorate below the minimum standards of the District of Columbia (DCMR No. 106.5, April 1981) within the usual licensing period of five (5) years, indicate by circling one (1) of the following when eyes should be rechecked. □ Six (6) Months □ One (1) Year □ Two (2) Years								
	_	. ,	_			, ,		
	U	Three (3) Years	ч	Four (4) Yea	ars $f \sqcup$	Five (5) Years		
OPHTHALMOLOGIST or OPTOMETRIST								
ADDRESS	STREET	SUITE NU	JMBER	CITY	STATE		ZIP CODE	
TELEPHON	NE NUMBER (AREA CODE)						
DATE OF EX	XAMINATION:							